

L17000245186

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC  
Account Number : I20080000061  
Phone : (407)582-9830  
Fax Number : (407)294-7577

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
4 U VACATION HOMES, LLC

Certificate of Status	0
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2017 DEC 22 AM 10:25

STATE OF FLORIDA

STATE OF FLORIDA

17 DEC 22 PM 12:12

FILED

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4 U VACATION HOMES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

7022 CARLENE DR

Address

ORLANDO, FL 32819

City/State and Zip Code

pinhelromaria@att.net

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO

407

582-9830

at ( )

Name of Person

Area Code

Daytime Telephone Number

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

4 U VACTION HOMES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/29/2017 and assigned Florida document number L17000245186.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

**New Registered Office Address:**

Enter Florida street address

City, Florida

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

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17 DEC 2 PM 12:12  
STATE  
OF FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RODRIGO GOZZI DE LIMA	11068 GRANDE PINES CIRCLE	<input type="checkbox"/> Add
		APT 721	<input type="checkbox"/> Remove
		ORLANDO, FL 32821	<input checked="" type="checkbox"/> Change
MGR	AVANTECH GROUP, LLC	2525 NW 55TH COURT	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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NONE

FILED  
17 DEC 22 PM 2:42  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA